



## CHILD CARE ASSISTANCE PROGRAM

CHILD CARE PROVIDER  
RATES AND RESPONSIBILITIES

For Office Use Only

Facility Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Owner Name: \_\_\_\_\_ FAX Number: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ SSN or EIN: \_\_\_\_\_  
City, ST, Zip Code: \_\_\_\_\_

Authorized Agent Name: \_\_\_\_\_ (if different than Owner, complete the following for the agent):  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City, ST, Zip Code: \_\_\_\_\_ City, ST, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

## CHECK ONLY ONE OF THE FOLLOWING PROVIDER TYPES:

<b>Licensed</b>	<input type="checkbox"/> Center	<input type="checkbox"/> Group Home	<input type="checkbox"/> Home
<b>Certified</b> (attach supporting documents)	<input type="checkbox"/> Dept. of Defense	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Tribal
<b>Approved</b>	<input type="checkbox"/> Approved Non-Relative <input type="checkbox"/> PASS I In-Home Care (care provided in the child's own home)		
	<input type="checkbox"/> Approved Relative - Relative means an individual that is related by marriage, blood or court decree, to a child who is the grandchild, great-grandchild, niece, great-niece, nephew, great-nephew or sibling. If a sibling the provider and the child in care must live in a separate residence.		

CHECK ONE: ☐ My rates are the same as the State rate (do not complete the table below) OR ☐ My rates are listed below

Infant Birth through 18 months	Toddler 19 months through 36 months	Preschool Age 37 months through 6 years	School Age 7 years through 12 years
Full Time      Part Time	Full Time      Part Time	Full Time      Part Time	Full Time      Part Time
Monthly _____	Monthly _____	Monthly _____	Monthly _____
Daily _____	Daily _____	Daily _____	Daily _____
Hourly _____	Hourly _____	Hourly _____	Hourly _____

Note: Full Time = Over 5 and up to 10 hours of care per day. Part Time = Up to and including 5 hours of care per day.

LICENSED/CERTIFIED ONLY: DO YOU CHARGE A REGISTRATION FEE? ☐ Yes ☐ NoAmount \$ \_\_\_\_\_ ☐ Per Family ☐ Annual ☐ Per Child ☐ One-Time

## HOURS OF OPERATION:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours Open							

## SCHEDULED CLOSURES (such as a holiday) and DATES:


Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in the "Information Providers Need to Know" on page two of this form.

Printed Name of Owner

Signature of Owner

Date

Printed Name of Owner's Authorized Agent

Signature of Owner's Authorized Agent

Date

## INFORMATION PROVIDERS NEED TO KNOW

Child Care facility owners may authorize another individual to act for and as a representative of the owner. This is the "Authorized Agent." An authorized agent assumes the responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments. In the absence of an authorized agent, the owner assumes responsibility for compliance with program rules and requirements, penalties and repayment of any overpayments.

### Your Responsibilities

**As a provider participating in the Child Care Assistance Program (CCAP), I agree to respect and maintain the confidentiality of families participating in the CCAP and understand that I must not discriminate against such families on the basis of race, color, national origin, religion, sex, age, or handicap. I further understand that:**

1. I must have a valid authorization before I bill the State of Alaska for services provided to CCAP families. Charges for services that are not on the authorization are between the family and myself and cannot be billed to the State.
2. The rate charged to CCAP families must be the rate I have provided on the Rates and Responsibilities form and may not be higher than the rate I charge non-CCAP families for the same service.
3. I must provide written notice of any rate and policy changes to CCAP families and the appropriate child care assistance office at least 30 days before the effective date. New rates become effective the 1<sup>st</sup> day of the month following 30 days notice.
4. Billing report forms for July through April, must be submitted within 90 days after the last day of the month child care services were provided. For months May and June, the monthly billing report must be submitted no later than July 31<sup>st</sup>. Payment will be denied if submitted outside these timeframes.
5. I must give at least 14 days written notice of my intent to terminate services to CCAP families and the appropriate child care assistance office, except upon mutual agreement between the family and myself.
6. I must maintain my status as a licensed, certified, or approved provider in order to receive CCAP payments.
7. I must retain and make available for inspection during normal business hours:
  - a. All required state and local permits and/or licenses for operation of a child care business;
  - b. A copy of my child care policy information, if applicable;
  - c. A copy of all monthly child care billing statements and attendance records that reflect the date and time for all children in care for a period of three years.

### Penalty Warnings

#### **Erroneously Obtained Payments**

If the state or local child care assistance office determines that there is reasonable evidence you erroneously obtained payments, steps will be taken to reduce or withhold future payments, to establish a repayment schedule, or to take other corrective action including probation, suspension or termination from participation in the program.

An erroneously obtained payment means child care assistance payments received by a provider that he or she was not entitled to or that were received while in noncompliance with a program requirement.

#### **Sanctions for Non-Compliance**

Your participation as a child care provider in the Child Care Assistance Program may be placed on probation, suspended, or terminated for any of the following, but not limited to:

1. Failing to maintain status as an approved, licensed, or certified provider under the CCAP and to provide child care services in accordance with that status;
2. Failing to maintain records required by the CCAP and refusing to allow an inspection of those records during scheduled business hours;
3. Refusing to comply with a plan of correction or repayment plan, or cooperate with the development of the plan;
4. Failing to comply with any compliance action or corrective action plan or to cooperate with the establishment of the plan; and
5. Failing to cooperate with a representative of the Department of Health and Social Services for purposes of investigations to determine compliance with CCAP requirements.

#### **Fraud**

You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

**Under penalty of perjury or unsworn falsification, I certify that the information I have provided on this form is truthful and accurate and that I have read, or had read to me, and understand my responsibilities as described in this document.**

Printed Name of Owner

Signature of Owner

Date

Printed Name of Authorized Agent, if applicable

Signature of Authorized Agent, if applicable

Date